

03-23-06

2661
#6**MOTOROLA**

Patents Operations, Law Department



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Applicant(s)	John M. Belcea	Group Art Unit:	2661
Application No.:	09/847,170	Examiner:	Phirin, Sam
Filed:	May 3, 2001	Confirmation No.	2556
Title:	TIME DIVISION PROTOCOL FOR AN AD-HOC, PEER-TO-PEER RADIO NETWORK HAVING COORDINATING CHANNEL ACCESS TO SHARED PARALLEL DATA CHANNELS WITH SEPARATE RESERVATION CHANNEL		

Docket Date	April 20, 2006	Attorney Docket No.:	MESH008
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I hereby certify that the following Papers:

Return Receipt Postcard	
Transmittal Form	- 1 page
Fee Transmittal with authorization to charge fee	- 1 page, in duplicate
Power of Attorney executed by MeshNetworks, Inc.	- 1 page
Power of Attorney/Change of Address	- 1 page
Statement under 37 CFR 3.73(b)	- 1 page
Amendment	- 7 pages
Formal Drawings (Replacement Sheets) Figs.1-12	- 6 Sheets
Terminal Disclaimer	- 1 page

These documents enclosed and referenced herein are being submitted under Express Mailing provisions, 37 CFR 1.10, and a filing date corresponding to the date of deposit is respectfully requested.

Respectfully submitted,

March 22, 2006

Motorola, Inc.

Law Department, MD 1610
 8000 West Sunrise Boulevard
 Plantation, Florida 33322
 Customer Number: 24273

By: Randi L. Karpinia

Randi L. Karpinia, Esq.
 Attorney of Record
 Registration No. 46,148
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 E-Mail: docketing.florida@motorola.com

CERTIFICATE OF EXPRESS MAILING

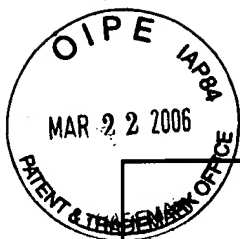
Express Mailing Label No. EV 847098524 US – Deposited: March 22, 2006

I hereby certify that this correspondence is being deposited with the United States Postal Service, postage paid, Express Mail in an envelope addressed to Commissioner for Patents, P.O Box 1450, Alexandria, VA 22313-1450, on the date indicated below.

Freebourne

/Vernice V. Freebourne

March 22, 2006 /Date



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/847,170
	Filing Date	May 3, 2001
	First Named Inventor	John M. Belcea
	Group Art Unit	2661
	Examiner Name	Phirin, Sam
	Attorney Docket No.	MESH008

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawings Formal - Figs. 1-12 (Replacement Sheets - 6)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Statement under 37 CFR 3.73(b) Power of Attorney executed by MeshNetworks, Inc. Facsimile Transmittal Sheet
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CDs _____	
<input type="checkbox"/> Certified Copy of Priority Documents	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Randi L. Karpinia	Registration No.	46,148
Signature			
Date	March 22, 2006		

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Typed or printed name	Vernice V. Freebourn
Signature	
Date	March 22, 2006

Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)**130.00****Complete if Known**

Application Number 09/847,170

Filing Date May 3, 2001

First Named Inventor John M. Belcea

Examiner Name Phirin, Sam

Group Art Unit 2661

Attorney Docket No. MESH008

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP= Extra Claims x Fee (\$)
 HP=highest number of total claims paid for, if greater than 20

Multiple Dependent Claims
 Fee (\$)
 Fee Paid (\$)

Indep. Claims - 3 or HP= Extra Claims x Fee (\$)
 HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE:

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$)
 Fee Paid (\$)

4. OTHER FEE(S)Other: Terminal Disclaimer Fee Paid (\$)

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Randi L. Karpinia	Registration No.	46,148
Signature	<i>Randi L. Karpinia</i>	Telephone	954-723-6449
Date	March 22 2006		